When traveling... watch out for mosquitoes!

- A Dengue Cluster in Maricopa -

Summarized by
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Dengue

 Dengue fever & Dengue hemorrhagic fever (DHF) are

- Acute febrile diseases,
- Found in the tropics,
- Spread by mosquitoes

Serotypes

- Caused by one of four closely related virus serotypes of the genus Flavivirus, family Flaviviridae,
- Each serotype is sufficiently different so that
 - There is no cross-protection
 - Epidemics can be caused by multiple serotypes (hyperendemicity) can occur.
 - sequential infection increases risk of DHF and shock

Dengue Fever Symptoms

- Sudden onset of fever
- Severe headache, muscle and joint pains
- Rashes: bright red petechiae
- Gastritis with some combination of associated abdominal pain, nausea, vomiting or diarrhea.
- Mild dengue cases can be misdiagnosed as flu

DHF Symptoms

- Fever can be higher than Dengue fever cases.
- Hemorrhagic tendency
- Thrombocytopenia (<100,000 platelets per mm³)
- Leukopenia
- Small proportion of cases lead to Dengue shock syndrome (DSS) which has a high mortality rate

Dengue Shock Syndrome

DSS is defined as DHF plus:

- Weak rapid pulse,
- Narrow pulse pressure
- Hypotension for age;
- Cold, clammy skin and restlessness.

THIS IS LIFE THREATENING

The Mosquito

 Dengue is usually transmitted to humans by the Aedes aegypti mosquito, a domestic, day-biting mosquito that prefers to feed on humans.

 However, sometimes, other Aedes such as A. albopictus are the culprits.

Aedes Aegypti



The Cluster:

- Vague information is received by Community Health Nurses (CHN) @ MCDPH
- Local physician reports:
 - Unknown number of missionaries returning ill from abroad.
 - Several in unknown hospitals
 - Illness may be dengue

We Get Lucky!

Calls to several hospitals:

- One Infection Control Practitioner (ICP)
 knows of an individual admitted with
 Dengue after return from the Dominican
 Republic.
- Follow-up call to first patient and second patients
- Contacted trip coordinator

Case 1

- Symptoms: headaches, severe back pain, fever, rash, chills, leukopenia, and tarry stools.
- Patient remembers mosquito bites during the day.
- She received Yellow fever and Typhoid fever vaccinations, no Malaria prophylaxis.

Case 2

- Onset was the day after she returned from the trip.
- Symptoms: fever (max-105.0),
 N/V, dehydration and fatigue.
- Patient received Yellow fever,
 Typhoid, Hepatitis vaccinations and Malaria prophylaxis

Interview with the coordinator

- Eight individuals had gone on this trip.
- 2 males, 6 females, ages 28-73
- Interviewed all to assess:
 - History & degree of their illness,
 - time of onset, and
 - determine follow up needs.

Cases 3 through 8

- Conducted patient interviews
- Lab samples were collected from all 8 pts and sent to ASHL.
- Samples were then forwarded to CDC.

Diagnosis and Public Health Threat

- Serologic tests showed all eight (8) had dengue.
- They were all viremic upon return, posing a potential threat of spread of disease if exposed to the right vector.

CDC Results (order random)

- **1:163,840**
- **1:40,960**
- 1:640

- **1:655,360**
- **1:40,960**
- Type 1

Specific Facts

- N = 8
- 8 with Dengue, 100%
- 4 were hospitalized, 50%
- 2 developed DHF, 25%%
- 8 fully recovered, 100%

Education provided in response to needs assessed

- Education on current threats in the area.
- Education of prophylactics appropriate to travel area (refer to CDC travel guide).
- Education on the use of repellant.
- Education about decreasing risk factors, (i.e. long sleeves, screens, nets, & treating stagnant water.)

Lessons learned:

- Dengue suspected because of Symptomatology and epidemiological information related to the country in which the travel took place.
- Importance of limiting the exposure of viremic patients to possible vectors
- Importance of education of traveling public to prevent exposures abroad

Thank You !!!

- Other References:
 - www.who.int/mediacentre/factsheets
 - www.cdc.gov/ncidod/dvbid/dengue/facts.htm